

Exhibit K
(Part II)

TIME REPORT

Employee's Name _____ Week Ending _____

	From	To	No. Hours Worked	Location
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Recapitulation: Total Hours Worked _____ @ \$ _____ = \$ _____

PAYMENT REQUESTED FOR SERVICES SHOWN: _____
(Employee's Signature)

CERTIFIED CORRECT, APPROVED FOR PAYMENT: _____
(Approving Official)